

THE

## LOUISVILLE MEDICAL NEWS

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.

PROFESSOR OF SURGICAL PATHOLOGY AND OPERATIVE SURGERY IN THE UNIVERSITY OF LOUISVILLE.

AND

WILLIAM H. GALT, M. D.

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## ANNOUNCEMENT.

THE LOUISVILLE MEDICAL NEWS will be issued every Saturday, in appearance equal to the present number. It will contain Original Articles upon Practical Medicine and the several specialties of the art, Selections from Home and Foreign Journals, Items of News in the profession, Correspondence, Reviews of Books, and Editorials upon current topics.

The columns of this journal are open to a free discussion upon questions of professional interest, and contributions are invited from all parts of the country upon matters pertaining to the profession of Medicine, its practice, conduct, and government, and upon medical instruction.

The editors are not responsible for the views of contributors; and contributors are not asked to be responsible for the views of the editors.

This journal undertakes to defend what it considers the right, and to expose shams. In doing so it will strive to avoid all personalities; but when it deems it necessary will not hesitate to discuss principles and systems, by whomsoever they may be advocated. IT OFFERS ITSELF AS AN ORGAN OF THE PROFESSION AND APPEALS TO THE PROFESSION FOR SUPPORT.

**BUSINESS NOTICES.**—Letters pertaining to the business of the journal should be addressed to its publishers, JOHN P. MORTON & CO.

Contributions and correspondence upon matters concerning the columns of the journal may be sent to either of the editors. Contributors will please write plainly, *concisely*, and with ink.

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The Lectures in this Institution will commence on the first Monday in October, 1876, and terminate about the first of March, 1877.

**LABORATORY PRACTICE.** A Practical School will be kept open during the lecture season on three days—Monday, Wednesday, and Friday in each week, from 2 to 5 o'clock, P. M.

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# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. I.

LOUISVILLE, JUNE 10, 1876.

No. 24.

## MEDICAL STATISTICS OF THE PROVOST-MARSHAL GENERAL'S BUREAU.

Under this title Col. Jno. H. Baxter, Chief Medical Purveyor of the U. S. Army, has recently published two large quarto volumes, profusely illustrated with very instructive statistical tables on a large variety of subjects connected with vital statistics. A number of maps of great value expressly prepared for this work considerably enhance the merits of the work.

This is one of the most exhaustive treatises on the subjects to which it is devoted that we have in the English language. Every portion of the work displays the mind of a scholar of high attainments and of extensive research. This is one of the most valuable of all the great medical works that have been published by the War Department, and it will live as a monument of the skill and learning of Col. Baxter. During the existence of the Provost-marshall General's Bureau Col. Baxter was the medical chief of the bureau, and he won the confidence and esteem of the medical men who were brought into contact with him in the performance of duty.

The developments made by the statistical tables of this work show a certain "force and pressure" that are not only valuable now, but are bound to be in the future. Through the revelations of the present recruiting system of France we can read clear manifestations of peculiarities the origin of which we can trace back fully two thousand years ago. Under the title of anthropometry Dr. Baxter gives an interesting historical sketch of various efforts made in ancient and modern times on this important subject. An

ancient Sanscrit manuscript referred to by Dr. Baxter, and entitled a "Treatise on the Fine Arts," divides the human figure into four hundred and eighty parts—the head being not far from one seventh of the whole, thus nearly conforming to the best standard. Dr. Baxter shows great and varied research in the treatment of this very interesting feature of his work. It is not probable that any useful treatise upon it has eluded his investigations.

After an introduction of immense value, Dr. Baxter enters upon a review of "the tables and their results" based upon the records of the Provost-marshall General's Bureau. This review, founded upon a very important truth uttered by Carl Vogt, is ably conducted. The truth to which we refer is in these words: "If we are to devote our attention, before all things, to what can be measured and weighed, the living man is the first object that demands our investigation. The 'average man' of Europe having been determined by Quetelet, his system is now applied to races." After an able survey of the principles involved in the tabulation of the facts, Dr. Baxter proceeds to his invaluable "object lessons." He says: "It may be stated as a recognized fact that as conclusions which the mental faculties draw by aid of the sight *per se* are instantaneous and without effort, the mind through this medium is capable of receiving manifold impressions at the same time, and of simultaneously comparing many elements. If, for example, ten lines erected from the same base but of various lengths be presented to the eye, the mind instantly compares each with the others, determining without effort the longest or the shortest, etc.; but if in their stead ten

abstract numbers having relatively to each other the same value as the lines be presented, although the medium of communication with the brain is in both cases the same, each has to be observed and its value determined by a certain mental process before a comparison can be instituted. A landscape may be voluminously and even completely *described* so far as words are adequate, but one glance at a painting of the scene will convey more satisfactory knowledge."

These charts, sixty in number, are divided into four classes. Those of the first class show the relation of various diseases to social condition, complexion, age, height, and nativity; those of the second class show the relation of disease to occupation; those of class third show the relation to locality (by states); and class fourth, consisting of only two charts, shows the relation of both height and girth of chest to age and nativity. These charts are well constructed for conveying information rapidly and accurately.

The first chart is devoted to chronic rheumatism, the next to syphilis, the third to scrofula, fourth to phthisis pulmonalis, fifth to diseases of the nervous system, sixth to paralysis, seventh to insanity, eighth to diseases of the eye, ninth to diseases of the ear, tenth to diseases of the circulatory system, eleventh to diseases of the heart and membranes, twelfth to diseases of the respiratory system, thirteenth to diseases of the digestive system, fourteenth to hernia, fifteenth to diseases of the urinary system, sixteenth to diseases of the generative system, seventeenth to diseases of the organs of locomotion, eighteenth to diseases of the cellular tissue, nineteenth to diseases of the cutaneous system, twentieth to conditions not necessarily associated with disease, twenty-first to local injuries, and the twenty-second, twenty-third, and twenty-fourth are devoted to certain conditions.

The charts of the second class, showing the relation of occupation to disease, are eleven in number; twenty-two are devoted to the third class, showing the relation of disease to locality; and the fourth class,

showing the relation of both height and girth of chest to age and nativity, have two charts.

These charts have instructive and intelligent companions in eleven very excellent maps, ten of which show by gradation of color or varying intensity of tint approximately the presence of certain diseases throughout that part of the United States wherein the draft was enforced.

We have no hesitation in saying that, studied as ratios, these maps are invaluable to the medical man. Want of space prevents us from saying all that justly demands expression on the merits of this work. Dr. Baxter deserves the highest praise for this great contribution toward the study of the vital questions that are handled in this work. If Congress has not ordered the publication of enough copies for distribution to all the reading members of the medical profession in the United States, we hope that it will amend its action by ordering another edition. The cost for a new edition, as compared with the first, will not be great, and the number of reading members of the medical profession is not illimitable.

## Original.

### HERPETIC NEURALGIA.\*

BY R. F. LOGAN, M. D.

Recently I have had the care of four cases of neuralgia which presented features somewhat unusual, and the group taken together was to me so interesting that it seems pardonable to present them to you in a brief report.

CASE I occurred in the person of a lady aged about sixty-five who is the mother of nine children. Her health has never been good. She has all her life, at least since early womanhood, suffered from repeated and sometimes persistent attacks of indigestion, from what cause I am unable to

\* Read before the Shelby County Medical Asso'n.

determine. She has often suffered from intermittent neuralgia of the face, and occasionally other parts have become involved. In these attacks quinia usually effects a speedy cure, though morphia has to be given to secure temporary relief. These attacks of neuralgia are generally accompanied by indigestion. Her bowels are usually constipated, though at times she is troubled with diarrhea.

When first called to see her she was complaining of great pain extending from the border of the ribs on the left side downward toward the anterior superior spinous process and across the abdomen to the median line. In a few days the pain extended down over the crest of the illium and hip to the thigh, where it remained. There was light swelling of the skin and cellular tissue but no heat or redness and no eruption. In spite of the remedies used this agonizing pain continued for three weeks, when its severity gradually subsided. Tenderness over the painful spot remained for some time after the pain had disappeared. Morphine gave temporary relief, but it deranged the digestive organs to such an extent that she was unable to take it except at night.

Was this a case of herpes zoster? Certainly it presented the symptoms of that affection without the eruption, and though there was no herpes, strictly speaking, I am of the opinion that this patient suffered from the same morbid conditions of the blood or nerves which give rise to the disease known as herpes zoster, or zona. I am greatly strengthened in this opinion from the fact that I had about the same time three well-marked cases of this affection which presented symptoms of a peculiar and rather unique character.

CASE II.—A robust man aged thirty. He consulted me for a severe and constant pain extending from the region of the right kidney to the umbilicus. At that time I could make no diagnosis. The symptoms of urinary and hepatic calculus were not present. Pain was the only symptom complained of, and I could get no clue whatever to the

nature of the case until a few days afterward a few scattering vesicles situated upon a red base made their appearance over the seat of the pain. By this time the pain and tenderness had greatly increased. He was put upon treatment and made a good recovery in three weeks.

CASE III.—A healthy boy aged seventeen, after a hard day's work in the harvest field, complained at night of pain in the right side extending from lumbar region around the abdomen to the umbilicus. I found the patient next day in severe pain, bathed in profuse perspiration, with pulse somewhat quickened. The absence of the symptoms denoting urinary or hepatic calculus, my previous experience in such cases, and the peculiarities which belong to the herpetic pain, enabled me at once to determine the nature of this attack. I assured the family (who were quite alarmed) that there was no danger, that the disease would last about three weeks, and that in a few days an eruption would make its appearance over the painful region. My predictions proved correct, except in the most important particular—no eruption made its appearance *over the painful spot*. A thick crop of herpes broke out upon the upper lip and extended up the side of the nose and on the cheek, but made its appearance nowhere else.

CASE IV.—A widowed lady aged seventy-one; says she had an attack of gastritis about 20 years ago, and since that time has been troubled more or less with attacks of indigestion. Otherwise her health has been good. She is remarkably vigorous for one of her age. This case began exactly like the previous one, viz., with severe pain extending from the right lumbar region around the body to the umbilicus. I made the same diagnosis of this case and gave her the same assurances, with the precaution that *probably* an eruption would make its appearance in a few days, which in fact did take place, but only to a slight extent. One spot of herpes appeared a little above and to the right of the umbilicus; between this point

and the border of the false ribs a few scattering vesicles broke out, the eruption being a very insignificant phenomenon of the disease, and only sufficient to establish the diagnosis of the case. This case ran a course similar to No. III, but it has been less severe, and, though occurring in a lady of advanced age, gave rise to less constitutional disturbance.

That these four cases were of the same nature I have no reason to doubt. In two of them the characteristic eruption at once determined the disease. In one there was no eruption over the region of pain, but, during the climax of the pain, an herpetic eruption broke out elsewhere which established the diagnosis. This was confirmed by the subsequent history.

Case I presented no herpetic eruption during the attack, but the history and phenomena of the case, the prevalence of the disease at the time, and the peculiar character of the pain, justifies me, I think, in classing this one with the other cases among the herpetic neuralgias.

In these cases there is always a sense of soreness, tenderness to the touch, a deep-seated pain, and inability to lie on the affected side. Any movement of the body is painful, and the patient assumes that position which will relax the muscles of the painful side. In addition there is sometimes, even when no eruption is developed, swelling of the skin and cellular tissue.

It will be observed that these cases all occurred in the hot months, and within a period of six weeks; that they ran a definite course, little if at all modified by the treatment, lasting from two to three weeks, and then gradually subsiding, leaving the patients in the full enjoyment of their usual health. From these cases but little information can be gathered as to the predisposing or exciting causes, except that to a certain extent it seemed to prevail as an endemic for a short time, as other physicians in the community have observed similar cases at the same time.

These cases, it seems to me, establish

the fact that there may be and perhaps frequently is such a thing as herpetic neuralgia without the eruption, and my object in recording them is to draw the attention of the profession to this fact, hoping that others may make "a note on it," and either confirm my observations or point out to me the source of my error.

In regard to the treatment of this affection my experience is too limited to enable me to speak with any degree of confidence. I am satisfied, however, that this form of neuralgia requires a different plan of treatment from other forms met with in practice. Opiates are indispensable, but as a rule they should be withheld till evening. The administration of quinine in these cases accomplished no good whatever, nor have I derived any benefit from belladonna, hyoscyamus, or nux vomica. Purgatives in these cases invariably aggravated the pain. The only remedy which I have found to be of any permanent value is the muriate of ammonia given in large doses every four or six hours. External applications are almost useless. One of my patients derived some benefit from a bag of hot salt; another one seemed to get some relief from a liniment composed of four ounces of Tinct. Sapo. Camph. and one dram of chloroform applied to the painful spot. Whether this really did any good or not I am unable to say; still it was "doing something," which is usually gratifying to patients and friends.

SHELBYVILLE, Ky.

#### FISTULA IN ANO CURED BY THE ELASTIC LIGATURE.

BY I. S. WARREN, A. A. SURG. U.S.A.

H. H. L., U. S. Army, applied to me for a radical cure of fistula in ano of three years' standing. He stated that he had been operated upon on two occasions; the first time for a large abscess near the rectum on the right side; an incision was made and the contents evacuated.

The incision was made about an inch from

and at right angles to the rectum, passing toward the buttock. Poultices were applied for a short period, and then carbolized oil, used on lint. Finding the opening made by the incision dilatory in healing, tents of lint saturated in carbolized oil were introduced with a probe, which completely filled up the cavity; afterward injections of nitrate of silver (ten grains to the ounce), muriate of ammonia, and corrosive sublimate were used in succession, and latterly a stick of nitrate of silver applied twice daily.

Another examination was made, and two sinuses found: one running from the original opening upward and toward the rectum, extending for one inch; another running downward and parallel to the rectum. These were freely laid open and thoroughly touched with nitrate of silver, and the former treatment resorted to and carried out for a period extending over two years without a cure, the discharge of pus varying from a few drops to a tablespoonful in the twenty-four hours. After one of these copious discharges considerable relief was experienced from a few days to several weeks.

Injections of tincture of iodine were then tried, with good effect, for about a month; discharge, swelling, and pain disappearing at times altogether, or at most a single drop of pus could be detected. A journey by rail of over thirty hours' duration was then taken, since which time the abscess became as large as a hen's egg, with copious discharge and incessant pain, aggravated when seated for any length of time, the only real relief being obtained by the patient remaining in an upright position.

On May 14th, the patient having been placed in the proper position for such operations, I introduced a flexible silver probe into the sinus and my left index finger into the rectum, but after examining thoroughly failed to find an internal opening. The probe was afterward armed with a silk ligature tied on to an elastic band (such as are used for holding papers together), and made to transfix the gut. After drawing the probe through the rectum, the elastic band was

stretched to its utmost, and then tied with a silk ligature.

Having seen the elastic ligature used before, I thought I could safely tell the patient that it would cut through in forty-eight or at least seventy-two hours; but to my great surprise it did not cut through until the 21st, eight days after the operation. The mistake, if it can be called one, was in not having the elastic band stronger; but, cutting gradually through, it gave the sinus time to heal thoroughly from the bottom.

I have examined the patient again to-day (May 27th), and he expresses himself as feeling better than he has done for over two years and a half; in fact, completely cured.

#### A CASE OF PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

BY J. W. HOLLAND, M. D.,

*Professor of Materia Medica and Medical Chemistry in the University of Louisville.*

A. W., aged three years, sent me, June 2, 1876, by my friend Dr. D. W. Yandell, presents clearly the characteristic appearances of this very rare disease. Dwarfish and heavy-set in stature, she is unable to stand alone; but even when assisted she keeps erect with difficulty, balancing herself with legs wide apart. There is marked incurvation of the lumbar spine, with prominence of the abdomen. She stands with shoulders set back, flat-footed, with no claw-like bending of the toes. When the feet are off the ground there is a slight varus in both. The hands do not hold firmly. She can pronounce but a few baby-words, and these with difficulty. The tongue is enlarged, and held down by a tightened frenum. From crown to toe there is an apparent enlargement of the superficial muscles. The frontal and superciliary muscles are prominent, and take irregular contours when in action. The flesh is firm every where, especially so in the calves. The bones of the legs are very much bowed. The complexion is not mottled, but pale and waxy. No complaint is made when she is handled. The expression of the face in

repose is stupid, nor does it vary much when the child is amused. Efforts to enlist her attention are seldom responded to, and even then very slowly and feebly. Electro-contractility in the muscles of the legs is lessened. I learn that she was sprightly and very healthy during her first year. She never walked alone, but did much better when a year old than she does now. She never had convulsions nor any serious acute disease. During her second year they noticed that she was silent and dull; that her back and legs grew weaker, and her bowels constipated to a degree requiring the use of an habitual laxative. She has occasionally suffered from difficult breathing. Her appetite and digestion have shown no impairment. In the last month or so she has been worse than ever before. Her parents are both healthy and young, and give no account of inherited tendency to disease. There is another child of seventeen months old that is taller than the three-year-old patient, active, lively, and well.

If the case continues under my care, comparative observation shall be made, and a report of results furnished to the News.

### Reviews.

**A Prize Essay upon the Surgical Anatomy of the Tibio-tarsal Articulation, with special regard to Amputations at this Joint.** By JOHN A. WYETH, M. D. New York: Reprinted from American Journal of Medical Sciences, April, 1876.

This essay was awarded the prize of \$100 offered by Prof. J. R. Wood to the Alumni Association of the Bellevue Hospital Medical College for the best essay on any subject connected with surgical pathology or operative surgery. It contains deductions drawn from eighty consecutive dissections of the region about the ankle joint. Dr. Wyeth asserts that the arterial supply to the calcanean region as generally described is not correct, and that the *operative surgery at the ankle joint based upon the idea that*

*the arterial supply to the calcanean flap is derived from the posterior tibial is unsafe.*

"In seventy-two out of eighty cases the *posterior tibial* bifurcated into its *plantar* branches on a line between the lower border of the inner malleolus and the middle or center of the heel's convexity. In four of the remaining cases the separation occurred one fourth of an inch, and in the other four cases half an inch below this line."

In thirty-eight cases there was not a single calcanean branch from the *posterior tibial*. In the eighty cases eighteen calcanean branches were given of the opposite point of bifurcation and fifty-one above, while two hundred and twenty-one were drawn from the external plantar and distributed to the heel flap.

"From the standpoint of surgical anatomy" Dr. Wyeth thinks the dicta of Erichsen in describing Syme's amputation to carry the incision well back over the point of the heel to avoid the cup-shaped and cumbrous flap and at the same time to cut the *plantar arteries* long are incompatible. He shows that the incision recommended by Prof. Gross, which comes well forward (making the cup-shaped flap), is the only safe one to avoid the arteries which are to nourish the flap.

The essay is the result of careful and conscientious work, and no doubt was well worthy of the prize it received. It will be chiefly interesting to *teachers* of operative surgery. Syme's operation is certainly not a favorite one among operators in this country.

### Correspondence.

#### MALARIAL HÆMATURIA.

In a practice which extends from the hills to the first bottom of the Arkansas River and its tributaries around Conway and Mt. Vernon, Ark., which is one of the most malarial districts in the southern country, ex-

tending through all the years from 1872 to the 23d of May, 1876, I have met with three cases of malarial hæmaturia; had no death; all white patients; all over twenty years of age; all were males. When two of these cases occurred about one half the population were the subjects of malaria; when the other occurred, only about one fifth. Two of them occurred in September, 1875; the other in January, 1876. The course in each case being so near the same, I do not think it necessary to report more than one case.

I was called, January 12, 1876, to see Mr. A., aged thirty-two, who had been the subject of intermittent fever for several months past. He would only have the fever two or three days each time, he checking it with quinia sulph. Had a common chill the day previous to sending for me, followed by less fever than usual, but had an excess of pain in loins. He voided about eight ounces of bloody urine in four hours after chill; had a slight chill at 8 A. M., with great pain in loins; was walking in the yard at 1 P. M., when I was called. Bloody urine (to all appearances two thirds blood) began to pass in two hours after chill; temperature normal; circulation slightly increased in frequency. Gave quinia gr. iij, tinct. chlo. iron gtt. xx, aqua 3 ij every three hours.

January 13th, A. M.: the patient icterus; bloody urine continues, with large proportion of blood, voided without pain or difficulty; pulse 110; respiration 30. Continued same treatment, with addition of ergot fluid extract.

January 14th: greatly improved.

January 15th: still improving.

January 16th: discharged, with urine clear of albuminous matter, sitting up, with good appetite.

G. S. BROWN, M. D.

#### CONGENITAL PRIAPIST.

On the 31st of December, 1875, M. N., of this county, was delivered by a midwife of a male child. I visited her on the 2d of January, and found the child had priapism, which had existed since its birth. The penis

was perfectly erect, and hard as cartilage. It remained in this condition for about thirty days, when it became soft for a short time, and then again assumed the erect posture. At present date it is erect about half the time.

The mother contracted syphilis about four years ago, was treated for the same, and has had no symptoms of the disease for over two years; yet syphilis made its appearance in the child during the tenth week. The father was free from specific disease. The mother is twenty-two years old, and appears to be healthy and robust. The child has improved finely on specific treatment. I wish to inquire if there is any connection between the priapism and the specific disease.

GLASGOW, KY.

G. H. NUCKOLS, M. D.

#### Selections.

CEREBRAL SYPHILIS.—Prof. H. C. Wood, in the Philadelphia Medical Times, publishes the following lecture (delivered at the University Hospital) on the Prognosis and Treatment of Cerebral Syphilis. In a former number we republished his remarks on the diagnosis of this affection:

"In my last lecture the subject of cerebral syphilis was studied from a diagnostic point of view; to-day I shall direct your attention chiefly to the prognosis and treatment of the malady. To be able to give a correct idea of the future of any individual case of disease, it is necessary to have a knowledge of the usual course of the affection. Cerebral syphilis is for the most part a chronic disorder, which, when left to itself, eventuates almost without exception in death, but which when properly treated usually yields rapidly to remedies. The prospect of success in any case depends, of course, very largely upon the stage at which it is first seen; but it is remarkable how much of serious organic destruction assisted nature will often restore. Headaches the most violent and persistent will fade away, paralysis complete and extensive will disappear, mental failures and aberrations of most marked type will yield, and the wreck of a man be restored to the full glories of American citizenship. Still, there are patients in whom the greatest skill fails; and the important question is, Can we distinguish the tractable from the intractable cases? Not always can this be done, but the general experience certainly warrants the clinical rule—

always give a very guarded prognosis where the symptoms of cerebral syphilis are coincident with those of syphilitic cachexia. When cachexia does not exist a bright future should be predicted, unless there is evidence of total destruction of important portions of the cerebral centers.

"Experience has, however, taught me that a favorable prognosis should not be made with absoluteness, on account of the danger of some of the symptoms or accidents of the disease, and on account of the occasional occurrence of grave and even fatal acute exacerbations. I remember a case of cerebral syphilis seen in consultation, in which one of the most notable symptoms was epilepsy. I stated unhesitatingly that the patient would get well, and was seemingly justified by the rapid progress of the case toward health, until one day this progress was unfortunately impeded by an epileptic spasm, in which, the suspension of respiration lasting a moment too long, asphyxia occurred. After death we found small gummata in the pia mater at the base of the brain, and also in the velum interpositum, with inflammation and softening of the pons in the neighborhood of one of the tumors. The influence which acute exacerbations exert upon the prognosis, and the still greater influence they have upon the treatment, justify their consideration here in some detail. Nervous syphilis is, as I have already stated, essentially a chronic disorder, and yet it may at any time take upon itself a most acute type. Some of you may remember a man suffering from partial aphasia, violent headaches, failure of memory, etc., who presented himself on a Monday last spring at our clinic. The history of syphilis was distinct, and the diagnosis, so far as cerebral syphilis was concerned, was plain. The same night the unfortunate patient was seized at home with a violent convulsion. A neighboring practitioner was called in, and notwithstanding the past history, the present unconsciousness, the wild delirium, with screaming that echoed through the house, and fighting that it took three men to control, diagnosed strychnia-poisoning, and told the friends that no doubt the doctors at the hospital meant well, but that they had overestimated the patient's strength, and had given a dose of strychnia which was too large for him in his weak condition. The strychnia-poison treatment was earnestly kept up until the next Friday, when the medical man in charge, beginning to suspect that something was awry, dispatched a note to me, stating that he had a patient of mine suffering from symptoms of strychnia-poisoning. It was, of course, too late for treatment to be of any avail; and the autopsy showed, what was almost equally evident during life, that the cause of death was an acute meningitis grafted upon a chronic syphilitic inflammation of the cerebral membranes.

"Not only may an acute attack supervene upon a chronic cerebral syphilis, but the disease may in the

outset be of the most acute character. Perhaps, however, in this statement I am going a little too far. It may be that a gummata has in these cases been lying concealed. Whether this is or is not the case I have no evidence to decide, but certainly so far as symptoms are concerned the attack may be most sudden and acute. Some years since I saw, in consultation with Dr. Fricke, a case of this character, which I shall narrate directly, as it portrays not only the occasional acute character of the disorder, but also the proper method of treatment in such cases.

"What, then, ought to be the treatment of an acute cerebral syphilis? Very much that of an acute, non-specific, cerebral attack of similar type. If there be a violent epilepsy, with the epileptic status, nitrite of amyl, anæsthetics, antispasmodics, and other usual remedies should be employed. If the pulse, the fever, the *tout ensemble* of symptoms, indicate intense cerebral congestion or cerebritis, free venesection should be used. In any case of doubt you should remember that it is far safer to bleed in specific epilepsy than in a threatening similar attack of non-specific character, because in the latter case there is little hope of removing the cause, while in the syphilitic patient there is every reason to believe that, if time be gained, remedies will remove the disorder. Violent specific meningitis should receive the same treatment as the non-specific disorder; bleeding (local and general), blistering, and mercury. In the previously mentioned case of acute meningitis supervening upon the chronic disease the man should have been bled at once *ad deliquium*. If he had been set up in bed, a large orifice made, and the blood allowed to pour forth until syncope came on, very probably to-day he would have been alive, and a well man.

"In Dr. Fricke's case the man, who believed himself to be in perfect health, felt very wretched and heavy one afternoon while out attending to business, and returning home sat down in his shop. He soon became semi-unconscious, and was helped up-stairs to bed, and directly afterward was seized with severe convulsions and delirium. A homeopathic practitioner was sent for, and a couple of hours later, the convulsions becoming more and more violent, Dr. Fricke was summoned. He found the patient raving and furiously convulsed with both tetanic and clonic spasms. At first he employed the classic remedies of a mild character, such as asafetida clysters, counter-irritation, etc.; but the mustard plasters were kicked across the room, and doctor and syringe-pipe followed them with remarkable promptness. All the remedies simply redoubled the violence and frequency of the paroxysms; their application was the signal for a furious outburst; the least touch produced frightful contortions and spasms. Then the lancet was used, and when a quart of blood had flowed quiet had been restored, and even the cheek of the bleeder began

to blanch; but Dr. Frick, with finger upon the pulse, ordered him to continue. When half a pint more had been taken the pulse began to fail very markedly, and the arm was bandaged.

"After an hour or so twitchings of the muscles and other symptoms indicative of a recurrence of the convulsions coming on, about a pint more of blood was taken from the temples by cupping, and the patient became as quiet and relaxed as a sleeping infant. The next day he awoke, weak, but free from pain and out of present danger. The subsequent history of the case revealed the nature of the attack; and when once the specific character was suspected, and the appropriate remedies employed, a gradual restoration to health was effected.

"The treatment of chronic cerebral syphilis is essentially a simple one. It has been considered to consist simply in the free exhibition of iodide of potassium, and in the majority of instances this is true. In giving the iodide it should be remembered that syphilitic patients bear it in enormous doses; that in many cases it seems to be both food and drink to them, the nourisher of physical well-being and moral restoration; that often, like the bromide in epilepsy, it is necessary for the patient to take it persistently for months and even years, even long after the disappearance of all symptoms. After trials of various methods it seems to me that its exhibition in simple water or in infusion of camomile affords the best method of giving it. Compound syrup of sarsaparilla certainly covers its taste better than any thing I have tried, but is apt to sicken the stomach. In regard to the dose, there is rarely any use in giving less than a dram a day, and frequently a dram and a half, and even two or three drams, are well borne. My rule is to commence with fifteen grains four times a day, and rapidly increase the dose until symptoms of iodism are induced, or a daily amount of at least two drams reached.

"I wish here to call your attention to the use of mercury in the disorder. I am convinced that it has come to be too much the custom to rely upon the iodide. When there is no cachexia, and therefore no contra-indication to mercury, it acts more quickly and even more effectually than the iodide, and in many cases the only objection to its use is prejudice.

"I have seen a syphilitic epilepsy which had resisted the most heroic doses of the iodide disappear like magic before a mild ptyalism. I usually employ the blue mass properly guarded with opium as one of the mildest and at the same time most efficient of the preparations; but it does not make much difference which form is selected; only remember this: Give the mercury boldly and persistently until ptyalism is induced, but give it cautiously; watch the mouth, and the moment the gums become the least sore reduce the dose, but do not withdraw the remedy alto-

gether; keep the mouth a little sore for some days or weeks, as may be necessary.

"In regard to the use of counter-irritants, I have not employed them to any extent in chronic cerebral syphilis. They may be of value, especially in cases of meningitis, but they are very annoying, and in most cases you can get along without them."

**STRICTURE OF THE URETHRA.**—The Medical and Surgical Reporter publishes the following clinical lecture, by F. F. Maury, M. D., on Stricture of the Urethra:

"This man, aged thirty-five, comes before us with some urinary difficulty, which we suspect to be stricture of the urethra. The first thing I will do will be to have him lie down between blankets, so that he shall be kept as warm as possible, with his shoulders elevated by pillows, and his knees drawn up. Such a position is the easiest in which to explore the canal, and the best to observe, until experience shall warrant your modifying it at your own discretion. His body is covered with a blanket, and another one protects his legs, and between these I can get at the region about the penis.

"Now, in reply to questions I ask, he tells us that he has no water in his bladder; that he made water about ten minutes ago, voluntarily, and not on account of nervousness about coming into the clinic; that he also made water about a half hour prior to that. This point of nervousness you must never lose sight of, for it is important. Many a man can not urinate if he knows any one is looking at him, and you are aware how irritable are the bladders of medical students when about to be examined. So do not forget to make allowance for the influence it may have upon the action of a patient's bladder.

"The man tells us also that he passes water about once every hour during the day, and once every half hour at night; so he does it about thirty-six times in twenty-four hours. I need scarcely say this is much too often. I think a man should empty his bladder about six times in twenty-four hours. He should never feel a strain upon it or be painfully aware of its existence. In the normal condition the mucous membrane tolerates healthy urine in moderate quantity without any sensation; but if the urine can not be freely voided, or if from any cause it be retained long enough for the salts to be precipitated, the bladder resists and becomes irritable. Then it will act often, and with undue violence. Such is the result of stricture of the urethra; and then usually follows hypertrophy of the muscular coat, just as in a blacksmith the biceps is excessively developed by excessive use. An enlarged prostate may produce the same effect; but you would scarcely expect such a cause in a man of thirty-five. A calculus might do the same, but there is none in this case.

"Now I will explore the urethra. I tell the man to breathe through his mouth, so as to prevent his straining; and taking a Sir Henry Thompson's bougie, No. 20, well oiled and moderately warmed, I insinuate it into the meatus urinarius. Not that I expect to pass it into the bladder, but because a large instrument should be used for the first exploration. The instrument glides gently downward for about an inch, and then meets a slight obstruction. Applying the least possible pressure, it slips through, and I feel something tear. Observe, I used no force. My rule is, if no good is done, at least to do no harm. You might ask if I am not afraid to make the little laceration which I have made, the evidence of which is seen in these few drops of blood. I say, 'No.' If it were low down, below the spongy portion, I should be afraid of making a false passage; but not here. As it is, I have not given any pain or used any undue violence. There is no need to use ether, and I rarely have recourse to it. Acting gently, kindly, and delicately will save you many an embarrassment, and secure the confidence of your patients. Now I find another constriction, which resists the gentle pressure I make; so I take a No. 17, which passes through to the bladder. I know that it has safely arrived, because the handle takes a position with its flat surfaces looking directly upward and downward, and I find the curved part can be freely swept round in the bladder. This motion could not be possible if the instrument were any where else.

"At this point I complete my examination of the patient by inserting my finger into the rectum. In doing this always see that your finger has no hang-nails or sores upon it, and that it is well oiled, because it would be easy to contract syphilis, if it existed in the patient, were these precautions neglected, not only in hospital, but also in private practice.

"I coax the finger in with a gentle rotatory motion, and find, to my surprise, a very much enlarged prostate. This is quite uncommon in a man so young, and proves the importance of not neglecting to be thorough.

"I now take larger instruments, and pass successively No. 18, No. 19, and No. 20. The last is the one which failed in the first instance; but the stricture has been gradually dilated until it passes with little difficulty. This process of 'gradual dilatation' is the safest, easiest, and most readily accomplished by young practitioners. It is the one I would recommend you to use, remembering always that every operation upon the urethra, however simple, may give rise to a fatal result. The simple passing of a sound has been followed by death at the hands of some of the most eminent surgeons that have ever lived. Therefore, you must always use the utmost caution, seeing that your patients are in as good condition as possible, that they suffer no unnecessary exposure,

and that each act of your own is undertaken with the greatest care.

"For our patient I shall order three grains of quiniæ sulph. *ter die*, the avoidance of all stimulants, and the use of large diluent drinks. He shall receive a quart of barley water daily, to each tumblerful of which a dram and a half of spirits ætheris nitroso shall be added. Less than this quantity, I think, does no good. Nor would I use any stimulating or mineral diuretic.

"Because he has an enlarged prostate gland I will order a warm hip bath daily, and, if necessary, a half dozen leeches to the perinæum. The use of sounds will be renewed after a few days, and continued for some time, with gradually increasing intervals, after the urethra has been dilated to such a caliber as shall seem expedient. When he goes away from us he will be given an appropriate instrument and taught how to use it, so that he may prevent the recurrence of this stricture. In this way only can he be sure to avoid having again the trouble he has now."

#### TREATMENT OF CYSTITIS BY ATROPIA ENEMATA.

We make the following extract from an article on this subject, by G. Wm. Semple, M. D., contributed to the Virginia Medical Monthly for June, 1876: "Most cases of acute cystitis that have come under my observation have occurred in young girls with whom the menstrual functions had not become regularly established, and the attacks have commenced soon after a menstrual period, and in unmarried women when the function, before its cessation, becomes irregular. Such patients, particularly in country practice, do not willingly submit to the introduction of instruments into the bladder; and besides, it is extremely inconvenient to a country practitioner to give the frequent and regular attention to a patient that such treatment demands. Resort to this practice may sometimes become absolutely necessary, but I have not found occasion to resort to it since adopting the practice which it is the purpose of this article to recommend. This practice will be briefly stated and illustrated by a few of a large number of cases that have come under my treatment. It consists in the administration by enema into the rectum of from forty minims to one dram of a solution of sulphate of atropia (one grain to eight ounces of water), to which is added sufficient carbolic acid to prevent the formation of organic matter and the deposit of atropia. The dose is added to half an ounce of water for administration, and given twice in 24 hours. It uniformly and immediately arrests the frequent strangury and painful micturition, gradually checks the mucous and sanguineous discharges, and relieves the suprapubic pain with the cystic inflammation. When the urine is alkaline, Mettauer's nitro-muriatic acid is given to correct it; and when

it is so acid as to irritate, the acidity is corrected by antacid remedies, of which the bicarbonate of potash, with subnitrate of bismuth, is generally preferred, because of the tonic effect of the bismuth and its very soothing effect on the mucous surfaces of the urinary organs. When constipation exists, which is frequent, it is relieved, as occasion requires, generally by the German *pulveris glycerrhizæ compositus*, until the bowels begin to act regularly from the effect of the atropia, which generally soon results."

**McMUNN'S ELIXIR OF OPIUM.**—In answer to a correspondent inquiring the chemical constituents of this preparation the Pharmacist publishes the following: "According to the late Prof. Procter (American Journal of Pharmacy, vol. xxiii, p. 212), 'McMunn's Elixir of Opium' contains meconate of morphia, hence is prepared by neutral solvents, so as not to disturb the natural state of combination in which the morphia exists. Of the long list of constituents of opium, those to which the unpleasant effects of laudanum are attributed are the odorous principle, resin, acid extractive, thebaina, and perhaps codeia and narcotina to some extent. With these points in view, Prof. Procter set about devising a formula for a liquid preparation of opium that would be free from the objectionable properties and contain the morphia as a meconate. The results of his labors were published in the Journal of Pharmacy, volume xxiii, page 212; the formula he proposed possessed all the properties of McMunn's Elixir, and was subsequently found to yield a result identical with McMunn's Elixir. A recipe having been found among the papers of Dr. Chilton, believed to have been given him by its inventor (see 'Wood and Bache's United States Dispensatory,' foot-note to 'Tinctura Opii,' the formula of Prof. Procter was adopted by the United States Codex, with a few slight changes, as Deodorized Tincture of Opium, and should be employed in all cases in place of McMunn's Elixir; it has the same opium strength as laudanum. The odorous principle and other noxious principles are removed; hence it does not produce the unpleasant effects of laudanum. For its physiological effect and the *modus operandi* of its preparation, we refer you to the Dispensatory as above quoted. We are pleased to see this spirit of inquiry in our medical friend, and if more of his professional brethren would follow his example and studiously avoid remedies whose compositions they do not thoroughly understand, there would be fewer of the valuable (?) remedies in use."

**DEATH THROUGH FEAR OF POISON.**—The London Times relates the following instance of death caused by fear: "On Wednesday Mr. Langham held an inquest at St. James' Vestry Hall on the body of Mr. George Gillian, 62, a private hotel-keeper of Jermyn

Street, St. James, who died from fright under the belief that he had taken poison. It appeared that the deceased on Good Friday complained of illness, and his wife by mistake gave him a draught out of a lotion-bottle marked "Poison." The bottle had not been used for some years. The mistake was immediately discovered and the deceased exclaimed, "Oh, I am poisoned. I shall die." Medical assistance was obtained, but the deceased died the same afternoon. Dr. Waters said that the bottle originally contained prussic acid, which, however, had evaporated. The body of the deceased did not contain the slightest traces of poison. Death arose from disease of the heart. In his opinion deceased was under the belief that he had taken poison, and the fright caused a sudden failure of the action of the heart. The jury returned a verdict accordingly."

**A NEW METHOD OF ADMINISTERING ENEMATA OF CHLORAL.**—M. Dujardin-Beaumetz has employed the process suggested by Griffith for administering chloral enemata, with success. A solution containing a dram of chloral is beaten up with the yolk of an egg, and this is added to a glass of milk to form the enema. This mixture has the advantage of causing no pain, which is not the case when doses of thirty to sixty grains of chloral are administered in the usual enema or suppository.—*Bull. Gén. de Thérapeutique.*

**PRURITUS VULVÆ.**—In this troublesome complaint Dr. Gill, of St. Louis, in the St. Louis Medical and Surgical Journal, recommends the use of nitrate of alumina. It has in his hands given more satisfaction than any other remedy. He orders four to six grains to the ounce of soft water, to be used as a vaginal injection or external wash, once or twice a day if necessary.

## Miscellany.

—Entrance into the Massachusetts Medical Society does not seem to be the plainest sailing, as witness the following extract from the by-laws, published in the advertisement of the "Censors," who held their last meeting June 8th, 1876: "1. Every candidate for admission into the Massachusetts Medical Society must, by proper credentials and examination, satisfy the Censors of said Society that he possesses the following qualifications for fellowship: That he is not less than twenty-one years of age; that he is of sound mind, and good moral

character; that he has a good general English education; that he has a knowledge of the principles of experimental philosophy; that he has such an acquaintance with the Latin language as is necessary for a good medical and surgical education; that he has studied medicine and surgery three full years under the direction, and attended the practice, of some reputable, regularly educated physician or physicians; that he has attended two terms of study, or two full courses of lectures in separate years, at an authorized medical school, recognized by the Councilors of said Society; that he does not profess to cure diseases by, nor intend to practice, spiritualism, homeopathy, allopathy, Thompsonianism, eclecticism, or any other irregular or exclusive system, generally recognized as such by the profession or declared so by the Councilors of said Society; and, by a further examination, a part of which shall be in writing, that he has an adequate knowledge of anatomy, pathological anatomy, physiology, general and medical chemistry, materia medica, therapeutics, midwifery, the theory and practice of medicine, clinical medicine, surgery, clinical surgery, hygiene, and public hygiene. If successful in such an examination as to his credentials, character, personal and professional qualifications, to the satisfaction of at least three of the Censors present, the candidate, after paying the District Treasurer the assessment for the current year and signing the by-laws, shall receive a certificate of membership (Digest, XXVI, XXVII), and be enrolled a Fellow of the Society."

—The success of the Harvard Medical School is assured, the income from students during the fiscal year of 1874-5 having been \$36,661.58. The open way in which affairs are there conducted is notably different from the plan usually employed, and seems to us to be the mark of earnest men conscious of being in the right. We would call especial attention to the circumstance that the proportionate number of students from without New England and the Brit-

ish Provinces is rapidly increasing, and, in fact, has *doubled* within the last six years. It would be well if some of our colleges would read the handwriting on the wall.

“WHAT AILS MY BOBOLINK?—I noticed a short paragraph in the April Journal, headed ‘What ails my Canary?’ I have a Bobolink that has been troubled in the very same manner all winter. His food has been canary seed and hard-boiled eggs, with plenty of water. Is canary seed good food for bobolinks? If not, what is best? Information through the Journal will be thankfully received. Guelph, Ont. W. J. L.”—*Canada Poultry Journal*. Try him on two diplomas and a beneficiary scholarship.

—The following specimen of English, pure and undefiled, is from the London Times: “A doctor was lately summoned to a cottage at Harwood, in Teesdale, and found a boy in need of his services. ‘Put out your tongue,’ said the doctor. The boy stared like an owl. ‘My good boy,’ requested the medical man, ‘let me see your tongue.’ ‘Talk English, doctor,’ said the mother; and then, turning to her son, she said, ‘Hoppen thy gobbler, and put out thy loliker.’ The boy rolled out his tongue in a moment.”

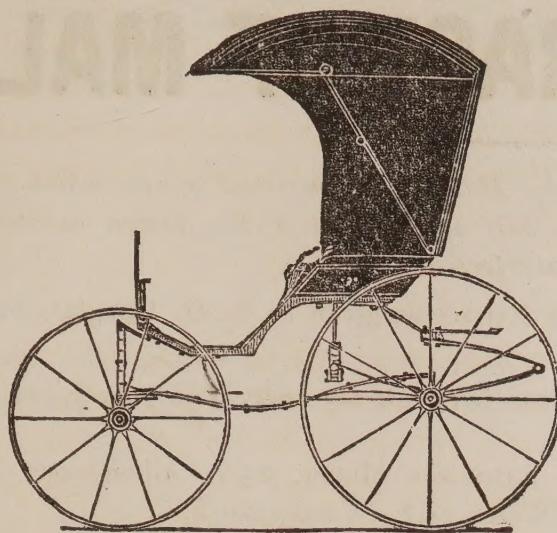
—At the last session of the Kentucky Legislature the odious annual tax of ten dollars per head levied on the physicians of Louisville by the city authorities was abrogated. The profession is indebted to the Louisville representatives generally, and to Senator Green Hays specially, for this act of justice.

—A good story is told of Chivac, the Duke of Orleans’ physician. He never noticed that he was ill, being so anxious about the health of others; but one day he felt his own pulse and said, “He’s a dead man. I have been called in too late.”

MANY STRINGS TO HER BOW.—A Vienna journal contains the following announcement: “Anna Agricol, sick-nurse, washes dead bodies, repairs straw chairs, applies leeches, and makes pastry, desserts, and delicacies.”

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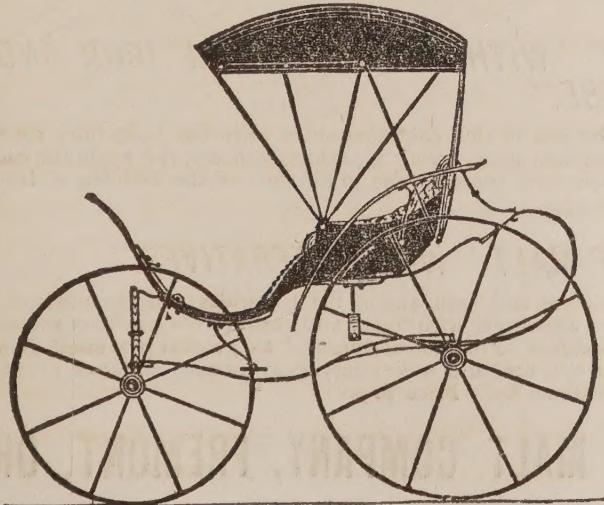
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LOUISVILLE, KY.

GOODS SENT C. O. D.

THE IMPROVED

# TROMMER'S EXTRACT OF MALT.

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract as given by S. H. Douglas, Professor of Chemistry UNIVERSITY OF MICHIGAN, Ann Arbor.

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your EXTRACT OF MALT:

Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter, (Diastase), 2.469; Ash-phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the GERMAN PHARMACOPÆIA, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly,

SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materia's.

By many American physicians, and among others, by such foreign authorities (German, French, and English) as Niemeyer, Rousseau, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult, and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well-borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of Diastase renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

## IMPROVED TROMMER'S EXTRACT OF MALT, "FERRATED."

Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price \$1.00.

## IMPROVED TROMMER'S EXTRACT OF MALT "WITH CITRATE OF IRON AND QUINIA."

Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fevers, in chlorosis, enlarged spleen, carbuncles, boils, &c. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. Price \$1.50.

## IMPROVED TROMMER'S EXTRACT OF MALT "WITH HYPOPHOSPHITES."

Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous, and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, &c., it is very efficacious. This combination is in certain cases even more efficient in exhaustion from undue lactation than the Extract of Malt with Hops. Price \$1.50.

## IMPROVED TROMMER'S EXTRACT OF MALT "WITH THE IODIDES OF IRON AND MANGANESE."

The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts has been fully confirmed by more recent experience. Particularly recommended in anæmia dependent upon scrofula, phthisis, cancers, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. Price \$1.50.

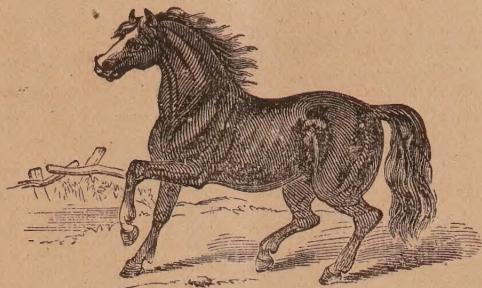
## IMPROVED TROMMER'S EXTRACT OF MALT "WITH ALTERATIVES."

Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium. This combination of the most potent alteratives with tonics and restoratives has been successfully employed in the different forms of disease dependent upon the "modified scrofulous diathesis;" as general perverted glandular action, disease of the bones and cartilages, catarhal affections of the eye, ear, and naso-pharyngeal mucous surfaces, eczematous and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, &c. Price \$1.50.

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## GLENVIEW STUD FARM,

SIX MILES EAST OF LOUISVILLE, IN JEFFERSON COUNTY, KY.

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The Messrs. McFERRAN call the attention of breeders and horsemen generally to their stud. For its perfection no expense in time, labor, or money has been spared. None but the best-formed animals, combining the rarest and most thoroughly tried strains of trotting blood to be found any where in the country, have been brought together for breeding purposes. As a result they fee great confidence that their selection has nowhere been surpassed.

They have used the utmost care in investigating their pedigrees, and believe them to be entirely correct as given. They would not hesitate a moment to eliminate the most highly prized cross in any animal when satisfied of its incorrectness.

A full Catalogue of their animals, containing the minutiae of pedigrees, records of sires and produce, descriptions, and engravings of several of the horses, can be obtained by application to their address. They would briefly call attention here to

### McFERRAN'S HAMBLETONIAN.

A bay horse, white near hind ankle, star in forehead ; stands fifteen hands three inches ; foaled May 13, 1868. (Bred by Charles Backman, Esq., Stony Ford, Orange County, N. Y.) Sired by Rysdyk's Hambletonian. Dam Grey Rose, by Harris's Hambletonian, by Bishop's Hambletonian, by Imported Messenger. The least informed know the fame of Rysdyk's Hambletonian, the sire of fourteen animals that have trotted two hundred and twenty heats in 2.30, including Dexter, Gazelle, Jay Gould, etc. This horse is wonderfully speedy, with a level head, and one of the best dispositions in the world.

### AUGUST BELMONT.

Dark-brown bay horse, white hind heels ; foaled May 22, 1870 ; stands fifteen hands three inches. Got by Rysdyk's Hambletonian. First dam Miss Mansor, by Jackson's Sir Archey ; second dam by Westchester, son of Long Island Black Hawk ; third dam by Abdallah, son of Mambrino ; fourth dam by Engineer 2d (sire of Lady Suffolk), by Engineer, son of Imp. Messenger. Jackson's Sir Archey by Bay State Morgan, son of Hale's Green Mountain Morgan, son of Gifford Morgan by Woodburry Morgan : first dam by Sir Archey, son of Imp. Diomed ; second dam by Industry, son of Sir Archey by Imp. Diomed.

This stud also contains thirty brood mares, descended from Imported Messenger through Rysdyk's Hambletonian, Volunteer, Messenger Duroc, Alexander's Abdallah, Aberdeen, Mambrino Chief, with crosses from Seeley's American Star, Ethan Allen, Pilot, Jr., Bashaw's Gold Dust, and the best foundations of thoroughbred blood.

The colts and fillies now on the place descending from this parentage, in form, color, disposition, and movement are all that would naturally be expected from their ancestry.

It is proved by experiment that horses of any parentage are improved in bone, muscle, and feature by the blue grass and the limestone water of Kentucky.

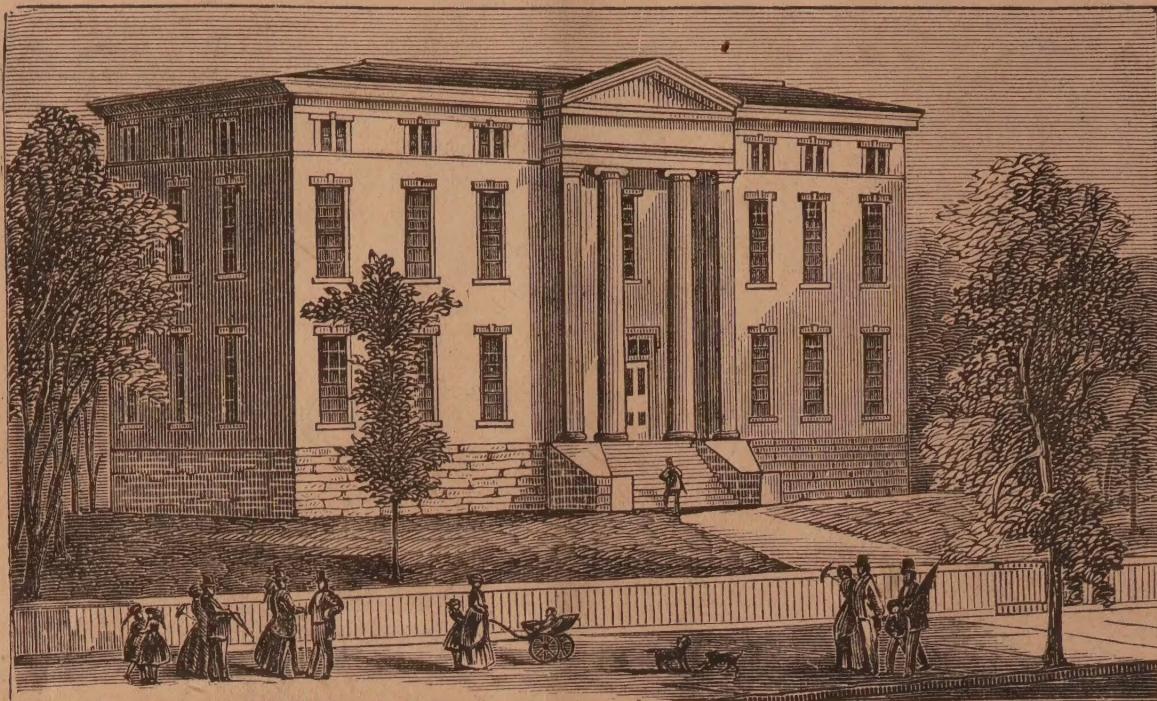
It is the intention of the proprietors to have annual public sales in the spring of each year, and buyers can rest assured that in no case will by-bidding or any other unfair advantage be taken of them. The produce will also be for sale privately at reasonable prices for such stock.

No class of persons can be more interested in the horse than physicians. He is not only their daily but their hourly companion. Their bodily comfort, peace of mind, and really their efficiency depends to a great extent upon the animal which carries them in their round of practice. The produce of Hambletonian and August Belmont are especially recommended not only for speed, beauty, strength, endurance, and superb action either under saddle or in harness, but for their wonderful GOOD TEMPER AND DOCILITY. True economy in this as in all things is to get the best. Speed is not incompatible with safety, and blood tells as well upon the streets and roads as it does upon the turf. Address,

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# UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,  
COR. OF EIGHTH AND CHESTNUT STS.

## FORTIETH ANNUAL SESSION.

### FACULTY.

J. M. BODINE, M. D.....	Professor of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, JR., M. D.....	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Professor of Science and Practice of Medicine and Public Hygiene.
JOHN E. CROWE, M. D.....	Professor of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
DAVID W. YANDELL, M. D. ....	Professor of the Science and Art of Surgery and Clinical Surgery.
R. O. COWLING, M. D. ....	Professor of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D. ....	Demonstrator of Anatomy.

**F E E S.**—Professors' Tickets, in full, \$50.00; Matriculation Fee, \$5.00; Demonstrator's Ticket, \$10.00; Graduation, \$30.00; Hospital Ticket (required by City), \$5.00.

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.  
**NOTE:** A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

**NOTE:** For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,  
Corner Fifth and Walnut Streets.

## SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 7th and continue till July 1st. The following Courses will be given by the **REGULAR FACULTY**, assisted by Drs. W. O. ROBERTS, H. A. COTTELL, G. H. ANDERSON, W. H. LONG, and R. B. GILBERT:

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

**The Fee for the Full Course is \$25.00,** and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session. For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,  
263 West Walnut Street, LOUISVILLE.